



DEPARTMENT of OKLAHOMA  
 BLUE STAR MOTHERS of AMERICA, INC.  
 P. O. BOX 974  
 Enid, OK 73702-0974  
 580-977-9413



### MEMBERSHIP APPLICATION

You may join any Chapter in the Oklahoma Department. Your completed application will be forwarded to the Chapter President whose Chapter you indicate you wish to join. Please send your completed application and payment payable to BSM to the address listed above.

**ANNUAL FEES** Blue Star Mothers \$20.00 Dads and Associates \$ 00.00  
 Blue Star Mothers, Dad, and Associate Pins \$10.00 each

I wish to join Chapter # \_\_\_\_\_ as a  Blue Star Mother  Blue Star Dad  Associate

OKLAHOMA BLUE STAR MOTHERS of AMERICA, INC. CHAPTERS			
Chapter # 1 ~ Oklahoma Chapter (Tulsa)	Chapter # 2 ~ Wagoner Chapter	Chapter # 3 ~ Muskogee Chapter	Chapter # 4 ~ Sand Springs Chapter
Chapter # 5 ~ Broken Arrow Chapter	Chapter # 6 ~ Oklahoma City (Southside)	Chapter # 7 ~ Coweta Chapter	Chapter # 8 ~ Edmond Chapter
Chapter # 9 ~ Lake Area (Mannford) Chapter	Chapter # 10 ~ Mounds Chapter	Chapter # 11 ~ Enid Chapter	Chapter # 12 ~ Green Country Chapter
Chapter # 13 ~ Grove Chapter			

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Military Service Member's Name	Date of Birth	Relationship to Member	Branch of Service
1. _____	_____	_____	_____
APO Address: _____			
2. _____	_____	_____	_____
APO Address: _____			
3. _____	_____	_____	_____
APO Address: _____			

Applicant's Signature

Date of application

**For Administration Only:**

Date Application was received: _____	Check: _____	Cash: _____	M.O: _____
Check/Money Order # _____	Total Amount Received: \$ _____		
Received by: _____	Membership Card Given/Mailed: Date _____		
Pin Given/Mailed: Date _____	Date Deposited into Bank _____		

*We welcome cash donations in support of our troops and their families. If additional space is needed for Military addresses, please use another form.  
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